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APPLICANTS

Reddy Bandi Parthasaradhi, Hyderabad, INDIA;
 Reddy Kura Rathnakar, Hyderabad, INDIA;
 Reddy Rapolu Raji, Hyderabad, INDIA;
 Reddy Dasari Muralidhara, Hyderabad, INDIA;
 Reddy Kesireddy Subash Chander, Hyderabad, INDIA;

** CONTINUING DATA *****

This application is a 371 of PCT/IN03/00251 07/25/2003

** FOREIGN APPLICATIONS *****

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

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TITLE

Aripiprazole crystalline forms

FILING FEE RECEIVED 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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